

# BEST AVAILABLE COPY

<b>CLAIMS</b>							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			1				51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			44				TOTAL DEP.		
TOTAL CLAIMS			46				TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS